

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/08/2013
NAME OF PROVIDER OR SUPPLIER LAURELBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 025} SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain smoke barrier's fire rated construction.</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Supervisor, on 10/8/13 at 1:35 p.m. confirmed damaged grout and unsealed openings in the smoke wall above the smoke doors by room 18.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 10/8/13.</p>	{K 025}	<p>K 025</p> <p>1) On 10/21/13 damaged grout and unsealed openings in the smoke wall above Room 18 was repaired by maintenance staff.</p> <p>2) On 10/21/13 Maintenance staff checked other areas for penetrations and two penetrations were sealed with fire caulk.</p> <p>3) On 10/21/13 Maintenance Supervisor will monitor grout throughout facility on a monthly basis for a period of 6 months to ensure penetrations have been addressed.</p> <p>4) Beginning 10/21/13 the Maintenance Supervisor will report monitoring outcomes and recommendations quarterly to the QAPI Committee and the Administrator will report outcomes to the Governing Body meeting.</p>	11/11/13	
{K 056} SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in</p>	{K 056}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Keith Welch

TITLE

Administrator

(X6) DATE

10.25.13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 056}	<p>Continued From page 1</p> <p>accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to equipped the sprinkler system with the required tamper switches connected to the fire alarm system.</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Supervisor on 10/8/13 at 1:55 p.m. confirmed the outer back flow tamper switch located in the outside valve pit was connected to the fire alarm system, but when tested it gave a post Indicator valve (PIV) supervisory sign at the nurse's station fire alarm panel. The inner back flow tamper switch located in outside valve pit was not connected to the fire alarm system.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 10/8/13.</p>	{K 056}	<p>K 056</p> <p>1) On 10/18/13 outside contractor replaced faulty tamper switch and reconnected wiring.</p> <p>2) On 10/18/13 the outside contractor verified that fire panel was receiving normal signal. (Exhibit 1).</p> <p>3) On 10/21/13 Maintenance Supervisor will monitor the faulty tamper switch on a monthly basis ¹ for a period of 6 months to ensure switch is working well.</p> <p>4) Beginning 10/21/13 the Maintenance Supervisor will report monitoring outcomes and recommendations to the QAPI committee for review and the Administrator will report to the Board.</p>	11/01/13	
{K 144} SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in</p>	{K 144}			

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{K 144}	<p>Continued From page 2 accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the emergency generators were maintained.</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Supervisor, on 10/8/13 at 2:01 p.m. revealed the old emergency generator was not provided with a remote annunciator located in a continuously monitored location.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 10/8/13.</p>	{K 144}	<p>K 144</p> <p>1) On 10/9/13 parts to complete the installation of the annunciator have been ordered for the emergency generator. Expected completion of installation of annunciator by 11/11/2013.</p> <p>2) Beginning 10/9/13 maintenance staff will check the old emergency generator for operation and lighting while the new annunciator is being installed.</p> <p>3) Effective 10/9/2013 maintenance staff will continue to monitor old generator for operation and lighting until new annunciator is installed. Effective 10/9/13 the Administrator is providing monthly status reports to Governing Board on all delays of the installation of the annunciator.</p> <p>4) Starting 10/21/13 the Maintenance Supervisor will report monitoring outcomes and any recommendations to the quarterly QAPI Committee and ultimately the Administrator will report to the Board.</p>	11/11/13	